

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA) PROGRAM:**

**Offender Treatment Program**

**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

**GRANT AWARD NUMBER:** ZO 09 01 0260 **DATE OF SITE VISIT:** 10/6/10

**GRANT PERIOD:** 10/1/09 – 3/31/10

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**RECIPIENT/IMPLEMENTING AGENCY:** County of Mono / Health & Human Services

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**PROJECT DIRECTOR:** Ann Gimpel

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**PERSONS INTERVIEWED DURING SITE VISIT:**

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
Ann Gimpel	AOD Program Administrator	Health & Human Services
Tracy Neal	Asst. Chief Probation Officer	Mono Probation
Shirley Martin	Administrative Services	Mono AOD
Robin Roberts	AOD Program Supervisor	Mono AOD

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Signature of Program Specialist

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Date

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Signature of Section Chief

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Date

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## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW

#### 1. OPERATIONAL DOCUMENTS

YES   NO   N/A

Review hard copy/verify the ability to access on line:

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • The Cal EMA Recipient Handbook (R.H.)  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • The Approved Grant Award Agreement   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • The RFA/RFP (supersedes the requirement of the R.H.)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • The Program Guidelines (supersedes the requirement of the R.H.)  | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at <a href="http://www.whitehouse.gov/omb/circulars">www.whitehouse.gov/omb/circulars</a> . | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Comments:

The grantee is familiar with the Cal EMA website and is able to access documents from the site.

#### 2. FIDELTY BOND CERTIFICATE - COMMUNITY BASED ORGANIZATIONS (CBO) & AMERICAN INDIAN ORGANIZATIONS ONLY

- |   |                          |                          |                                     |
|---|--------------------------|--------------------------|-------------------------------------|
| • Obtain copy of required Fidelity Bond Certificate? [R.H. Section 2161] Does <u>not</u> apply to state, city, or county units of government. | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Does the certificate show:  |                          |                          |                                     |
| ○ Bonding company's name  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Bond number   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Description of coverage   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Amount of coverage (50% of allocation)  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Bond period   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Grant award number  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Form A, Employee Dishonesty   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Form B, Forgery Coverage  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Is the State of California, California Emergency Management Agency named on the bond as the beneficiary?                                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Comments:

#### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- |  |                          |                          |                                     |
|--|--------------------------|--------------------------|-------------------------------------|
| • Does the project have its CEQA documentation on file?(Ask to view)   | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Certified Exempt   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Recipient has adopted or certified an environmental document which complies with the requirements of CEQA. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

	YES	NO	N/A
<b>4. <u>PROOF OF AUTHORITY (R.H. Section 1350)</u></b>			

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? (Ask for copy) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

Project staff forwarded a copy of Minute Order M09-282 approving the Grant Award Agreement between the County and Cal EMA. It has been submitted to their Program Specialist for inclusion to the grant file.

### 5. ORGANIZATIONAL CHART

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the organizational chart. Are all budgeted positions identified? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|

Comments:

Debra Steward is identified as the AOD Counselor (5%) budgeted in the grant. The 22.5% FTE Probation Officer is an operating expense and not included in the organizational chart.

### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Review the purpose/preparation of Grant Award Modification Request (Cal EMA 2-223). <i>[R. H. Section 7500] (Instruct project staff on the procedure to obtain the most recent forms from Cal EMA's website.)</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|-------------------------------------|--------------------------|--------------------------|
- A modification is needed for the following:
- Budget changes
  - Change in key personnel
  - Adding/changing additional signers
  - Change goals/objectives, or activities
  - Address change
  - Other

Comments:

There may be a surplus in residential treatment services. This line item is being monitored and the project may submit a 2-223. They have been advised to submit the 2-223 to their Cal EMA Program Specialist.

### 7. PERSONNEL POLICIES

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| • Does the project staff have access to written personnel policies as required? <i>[R. H. Section 2130]</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do the personnel policies include:  |                                     |                          |                          |
| ○ Work hours  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Compensation rates including overtime and benefits  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Vacation, sick, and other leave allowances  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ○ Hiring and promotional policies   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

- Do the personnel files include:
  - Staff note: Complete a sample review of a personnel file ☒ ☐ ☐
  - Job application ☐ ☐ ☒
  - Resume ☒ ☐ ☐
  - Performance evaluations ☒ ☐ ☐
  - Salary rates ☒ ☐ ☐
  - Benefits ☐ ☒ ☐
  - Current job duties/descriptions ☒ ☐ ☐
  - Other terms of employment ☒ ☐ ☐
- Does the project have a current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152] ☒ ☐ ☐
- Did the Board approve the agency's existing personnel policy? ☒ ☐ ☐

Comments:

The benefit structure is contained in a binder containing all personnel policies since 1982. It is currently being revised.

#### 8. FUNCTIONAL TIMESHEETS

- Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331] ☒ ☐ ☐
- Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure signatures of staff and supervisor.) ☒ ☐ ☐

Comments:

A case management system tracks time spent on grant activities. Time sheets are kept electronically and manually and are approved by the Mental Health Director and at the Probation Department.

#### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? ☒ ☐ ☐
  - Name of individual who approves purchases.  
Ann Gimpel
  - Name of individual who writes checks.  
Caren Timpone
  - Name of individual(s) who signs checks.  
Brian Muir

Comments:

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- |  | YES                                 | NO                       | N/A                                 |
|--|-------------------------------------|--------------------------|-------------------------------------|
| • Does the project maintain a record-keeping system which accurately supports costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds?   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

Comments:

Source documentation is kept manually and electronically.

#### 11. PROJECT EXPENDITURES

- |  | YES                                 | NO                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| • Is the project's expenditure rate commensurate with the elapsed period of the grant?                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?             | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is the project up-to-date with the submission of Cal EMA Form 2-201?                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

A 2-223 is not needed at this time. However, there may be surplus operating expense in residential treatment. The project is monitoring expenditures and believe services will increase when the temperature drops.

#### 12. MATCH REQUIREMENTS

- |  | YES                      | NO                       | N/A                                 |
|--|--------------------------|--------------------------|-------------------------------------|
| • Does the project have a match requirement?                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| • Is the project meeting the match requirement?                              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| • Review the supporting documentation to substantiate cash or in-kind match. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Comments:

#### 13. EEO POLICY

- |  | YES                                 | NO                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| • Go over EEO checklist. (Separate document) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

The County Risk Manager has submitted this document to Lisa Abila, CalEMA Compliance Officer

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### SECTION I – ADMINISTRATIVE and PROGRAMMATIC REVIEW (Continued)

#### GENERAL

YES NO N/A

#### 14. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program's goals and objectives?
- Does the project need to submit Cal EMA Form 2-223 to modify grant objectives?

☐ ☒ ☐  
☒ ☐ ☐

Comments:

Both residential treatment services and the number of probationers/parolees served are lower than anticipated. Project staff were advised to monitor project goals and to submit a 2-223 to their Program Specialist if needed.

#### 15. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements.

☒ ☐ ☐

Comments:

All reporting requirements have been met and project personnel are familiar with the reporting requirements for the Jobs Data Collection Sheet and the Performance Measurement Tool.

#### 16. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that which accurately supports the project's reported data on the Progress Report form?
- Review the project's file system and data collection process.

☒ ☐ ☐

Comments:

The source documentation is kept electronically.

#### 17. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement?

☒ ☐ ☐

Comments:

The Operational Agreement submitted with the Grant Award Agreement is in place.

#### 18. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement?

☒ ☐ ☐

Comments:

I spoke with Robin Roberts from AOD and Tracy Neal from Probation who described the duties of the AOD Counselor and Probation Officer as outlined in the Grant Award Agreement.



# PERFORMANCE ASSESSMENT/SITE VISIT REPORT

ZO 09 01 0260

## SECTION III- AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009 (ARRA) PROGRAMMATIC REVIEW

- |  | YES                                 | NO                       | N/A                      |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Is the project aware that they must provide Cal EMA with a valid Data Universal Numbering System (DUNS) Number for the implementing agency not the county's DUN's number? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments: The implementing agency indicated they are unable to get their own DUNS number. This was reported to CalEMA.

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 2. Is the project aware of the Central Contractor Registry (CCR) requirements? |                                     |                          |                          |
| o Register with a valid DUNS number, and                                       | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Renew CCR registration yearly for the life of the grant.                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

The process of obtaining the CCR is linked with the DUNS number. When project staff attempted to register with the DUNS number, they were told that they had a current registration. This was reported to their CalEMA Program Specialist.

- |   |                                     |                          |                          |
|---|-------------------------------------|--------------------------|--------------------------|
| 3. Does the project understand that they report Section 1512 (c) information to Cal EMA and not to FederalReporting.gov directly?   |                                     |                          |                          |
| o Report the total number of hours worked for each ARRA funded position on the "Job Data Collection " sheets  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Completed Jobs Data Collection sheets are due to Cal EMA by the 3 <sup>rd</sup> working day of each month for JAG funded programs and by the 10 <sup>th</sup> day of the each month for VOCA or VAWA funded programs. | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Failure to submit Jobs Data by the due date could result in the project's award being suspended and/or revoked.   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

- |  |                                     |                          |                          |
|--|-------------------------------------|--------------------------|--------------------------|
| 4. Does the project understand that by accepting the grant award, they agreed to:  |                                     |                          |                          |
| o Track, account for, and report on all ARRA funds) including specific outcomes and benefits attributable to Recovery Act funds) separately from all other funds, including Cal EMA award fund from non ARRA awards awarded for the same or similar purposes or programs. (ARRA funds may be used in conjunction with other funding as necessary to complete projects, but tracking and reporting of ARRA funds must be separate); and | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Accounting systems must ensure that ARRA funds are not commingled with funds from any other source.  | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

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**YES**    **NO**    **N/A**

5. Is the project familiar with Office of Management and Budget (OMB) circulars which govern their organization? Circulars may be found at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars)

☒    ☐    ☐

Comments:

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6. Is the project aware that potential fraud, waste, or abuse must be promptly referred to the federal Department of Justice, Office of the Inspector General? Additional information is available from the DOJ OIG website at [www.usdoj.gov/oig](http://www.usdoj.gov/oig)

☒    ☐    ☐

Comments:

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7. Is the project aware that ARRA funds cannot be used by any State or local government, or any private entity, for construction costs or any other support of any casino or other gambling establishment, aquarium, zoo, golf course, or swimming pool

☒    ☐    ☐

Comments:

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8. Does the project understand that by accepting the grant award, they:

- Agreed to provide Cal EMA, federal DOJ (including OJP and the Office of the Inspector General (OIG), and its representatives, and the Government Accountability Office (GOA), access to, and the right to examine all records (including, but not limited to, books, papers, and documents) related to ARRA funds, including such records of any sub-recipient, contractor, or subcontractor;
- Acknowledges that Cal EMA, federal DOJ and the GAO are authorized to interview any officer or employee of the recipient (or of any sub-recipient, contractor, or subcontractor) regarding transactions related to this Recovery Act award.

☒    ☐    ☐

☒    ☐    ☐

Comments:

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9. For existing staff positions, does the project have documentation that the position would have been eliminated if not for Recovery Act funding?
- Budget comparisons and/or projections before and after the

☒    ☐    ☐



Recovery Act award date

- o Formal layoff recommendations and retractions (memos, reports)
- o Minutes of formal meetings where official budget decisions were made.

Comments:

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10. Is the project aware of the Performance Measures and reporting timeline for ARRA funded programs:

- o Reporting of Performance Measures will be accomplished using BJA's Performance Measurement Tool (PMT) ☒ ☐ ☐
- o PMT reports must be completed on a quarterly basis (i.e. July 15, October 15, January 15, and April 15) for the life of the grant; ☒ ☐ ☐
- o Failure to submit PMT reports by the due date could result in the project's award being suspended and/or revoked. ☒ ☐ ☐

***(Specific to Recovery JAG funded programs only)***

Comments:

The Board of Supervision discussion minutes discuss the hiring freeze and budget comparisons show the decline in county funding.

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**PERFORMANCE ASSESSMENT/SITE VISIT REPORT**  
**ZO 09 01 0260**

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**SECTION IV- ADDITIONAL COMMENTS**

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On 10/6/10, I met with employees of Mono County Health & Human Services and Mono County Probation. Project personnel are aware of Cal EMA reporting requirements and operational documents. The project maintains manual and electronic record-keeping documentation to support grant expenditures and programmatic requirements reported to Cal EMA.

Section I #6 – Cal EMA Modification

A 2-223 may be submitted if it is determined there will be a surplus in the line-item for residential treatment. Project staff will continue to monitor the expenditures in residential treatment and will submit a budget modification if needed.

Section 1 #14 – Program Goals & Objectives

The number of services provided to probationers and parolees is lower than anticipated. A Grant Award Modification may be submitted to adjust these numbers.